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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code LabelOR ☒

Correspondence address below

Name Norton R. Townsley, Registration No. 33608

Address 100 Corporate Pointe

Address Suite 330

City Culver City

State CA

ZIP 90230

Country USA

Telephone 1-310-645-7259

Fax 1-310-215-3248

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Davor
(first and middle [if any])Family Name Runje
or SurnameInventor's
Signature*Davor Runje*

Date DECEMBER 01, 2000

Residence: City

Zagreb

State

Country Croatia

Citizenship Croatia

Mailing Address V. Nazora 16

Mailing Address

City Zagreb

State

ZIP 10000

Country Croatia

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box



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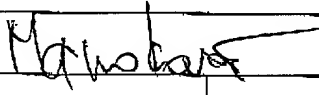
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
DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mario		Kovac	
Inventor's Signature 		Date	
Residence: City	State	Country	Citizenship
Zagreb		Croatia	Croatia
Mailing Address			
Mandalicina 3			
Mailing Address			
City	State	ZIP	Country
Zagreb		10000	Croatia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

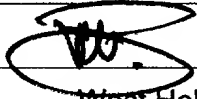
Given Name (first and middle [if any])

Family Name or Surname

Brian D.

Litman

Inventor's
Signature



Date

11.30.00

Residence: City

West Hollywood

State

CA

Country

USA

Citizenship

US

Mailing Address

950 N. Kings Road

Mailing Address

Ste. 250

City

West Hollywood

State

CA

ZIP

90069

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

PM3

First Named Inventor

Runje

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR SECURE ELECTRONIC DIGITAL RIGHTS MANAGEMENT, SECURE TRANSACTION MANAGEMENT AND CONTENT DISTRIBUTION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/186,983	12/03/1999	

[Page 1 of 2]

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Josko			Orsulic		
Inventor's Signature		Date <u>12/01/2000</u>			
Residence: City	Zagreb	State	Country	Croatia	Citizenship
Mailing Address: Strojarska 8					
Mailing Address:					
City	Zagreb	State	ZIP	10000	Country
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature		Date			
Residence: City		State	Country	Citizenship	
Mailing Address:					
Mailing Address:					
City		State	ZIP	Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature		Date			
Residence: City		State	Country	Citizenship	
Mailing Address:					
Mailing Address:					
City		State	ZIP	Country	

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 3 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tomislav		Uzelac	
Inventor's Signature	<i>Tomislav Uzelac</i>		Date <i>December 1st 2000</i>
Residence: City	Zagreb	State	Country Croatia
Citizenship Croatia			
Mailing Address: Grada Vukovara 237a			
Mailing Address:			
City	Zagreb	State	ZIP 10000
		Country	Croatia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Citizenship			
Mailing Address:			
Mailing Address:			
City		State	ZIP
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Citizenship			
Mailing Address:			
Mailing Address:			
City		State	ZIP
		Country	

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT****Application Number****Filing Date****First Named Inventor**

Runje

Group Art Unit**Examiner Name****Attorney Docket Number**

PM3

I hereby appoint:

☐ Practitioners at Customer Number →**OR**☒ Practitioner(s) named below:Place Customer
Number Bar Code
Label here

Name	Registration Number
Norton R. Townsley	33.608

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Individual Name

Norton R. Townsley

Address

100 Corporate Pointe

Address

Suite 330

City

Culver City

State

CA

Zip

90230

Country

USA

Telephone

1-310-645-7259

Fax

1-310-215-32

I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

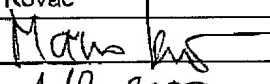
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Mario Kovac

Signature



Date

1.12.2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 5 forms are submitted.

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AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Runje

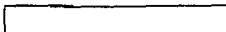
Group Art Unit

Examiner Name

Attorney Docket Number

PM3

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Address 100 Corporate Pointe

Address Suite 330

City Culver City

State CA

Zip 90230

Country USA

Telephone 1-310-645-7259

Fax 1-310-215-32

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Davor Runje

Signature

Davor Runje

Date

DECEMBER 01, 2000.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Runje
Group Art Unit	
Examiner Name	
Attorney Docket Number	PM3

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Place Customer
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Name	Registration Number
Norton R. Townsley	33,608

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OR

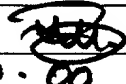
<input checked="" type="checkbox"/> Firm or Individual Name	Norton R. Townsley				
Address	100 Corporate Pointe				
Address	Suite 330				
City	Culver City	State	CA	Zip	90230
Country	USA				
Telephone	1-310-645-7259	Fax	1-310-215-32		

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Brian D. Litman
Signature	
Date	11.30.00

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

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First Named Inventor

Runje

Group Art Unit

Examiner Name

Attorney Docket Number

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Norton R. Townsley

Address 100 Corporate Pointe

Address Suite 330

City Culver City

State CA

Zip

90230

Country USA

Telephone 1-310-645-7259

Fax

1-310-215-32

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Tomislav Uzelac

Signature


Date

DECEMBER 1st, 2000.

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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Runje
Group Art Unit	
Examiner Name	
Attorney Docket Number	PM3

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OR

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Norton R. Townsley				
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Address	Suite 330				
City	Cluver City	State	CA	Zip	90230
Country	USA				
Telephone	1-310-645-7259	Fax	1-310-215-32		

I am the:

☒ Applicant/Inventor.☒ Assignee or record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name: Josko Orsulic

Signature: 

Date: 12/01/2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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